

## Minutes of the District Review Meeting on Leprosy Control Activities and LPEP project

### Kalutara District- 19<sup>th</sup>.05.2016

The district review meeting 2016 in Kalutara district was held at the Auditorium of RDHS office-Kalutara with the participation of the following officials on 19<sup>th</sup> May 2016.

Anti-Leprosy Campaign	Dr.M.L.S.N.Fernando Director- ALC Dr.Supun Wijesinghe, Consultant Community Physician-ALC Dr.S.M.Amarasekera MO-ALC
District Participants	Dr.Ranthilaka Ranawaka,- Consultant Dermatologist/DGH Kalutara Dr.Poorna Weerasinghe,- Consultant Dermatologist/ Base Hospital Horana Dr.Shanika Abeykeerthi-Consultant Dermatologist/ District General Hospital Panadura. - Dr Nayani Sooriyaarachchi (FAIRMED) Dr.Nimesha Rathnaweera MO Dermatology /Base Hospital Panadura Dr.Uditha Ranaweera. Acting RE-Kalutara district MOOH, SPHIs, LCPHIs, In –Charge Nursing Officers, Chief Pharmacist-RMSD, Pharmacists, PHLT's, HEO, Physiotherapist Project assistant-FAIRMED

Dr.Uditha Ranaweera Acting RE started the session with a welcome speech and brief introduction on objectives of the meeting.

Dr Supun Wijesinghe CCP- ALC presented Leprosy situation of the country and Kalutara district.

Dr.Poorna Weerasinghe, Consultant Dermatologist/ Base Hospital Horana presented a lecture on clinical features, disability assessment and management of leprosy to raise awareness on early recognition of the disease.

**Director, ALC and all district officials highly appreciated the presence and the dedication of all three consultant dermatologists and their cooperation with ALC.**

<b>Event</b>	<b>Issues/Suggestions</b>	<b>Actions to be taken</b>	<b>Responsibility</b>
1. Hospital presentation- BH Panadura	Frequent occurrence of reactions among patients affected with leprosy	Need more advanced facilities at dermatology clinics and multidisciplinary approach.	ALC Dermatologists
	Clinic time at evening (only 2 hours) not sufficient	Need to get adequate time allocated for dermatology clinic	RDHS/ Kalutara MS /BH Panadura
	Lack of Medical Officers and the need of at least 01 more medical officer to dermatology unit	Take necessary actions to get a MO immediately from the next appointments list.	RDHS/ Kalutara MS BH Panadura
	MDT given at the clinic by nursing staff	Pharmacists have been trained and they should take the duty and responsibility of dispensing, record keeping and ordering MDT.	RDHS, MS, BH Panadura Consultant Dermatologist BH Panadura BH Chief pharmacist BH Panadura OIC RMSD. BH Panadura
2. Hospital presentation- BH Horana	Lack of Medical Officers	Take necessary actions to get a MO immediately from the next appointments list.	RDHS/ Kalutara MS BH Horana
4. Hospital presentation DGH Kalutara	Presentation formats not received hence clinic statics was not presented	Send hard copies of presentation formats from ALC as well as soft copies at next reviews	ALC RE PHI-LC Project assistant - FAIRMED
5. Dr Supun Wijesinghe CCP- ALC	Presented details regarding the new IPF format and Leprosy disease surveillance system, and forms and registers used in leprosy surveillance		

6. District leprosy situation  Dr.UdithaRanaweera Acting.RE	Mismatch of statics received to the ALC with district statistics.	ALC stressed more attention needed in maintaining patient records, files registersand returns	RE, MO Dermatology, PHI-LC
	High endemic MOH areas Wadduwa, Panadura, Beruwala,Bandaragama	extension of community screening programs among vulnerable groups in the selected high endemic areas	RDHS/Kalutara RE MOOH/ PHI-LC
	Routine notification (H-544) data need to be strengthened. .	Need more attention on filling H -544 form by Dermatology MO, ALC stressed the importance of routine notification in contact tracing	Consultant Dermatologist RE MO Dermatology Nursing officer in charge SPHI/ ICNO/ PHI-LC
LPEP Presentation Dr.Uditha Ranaweera Acting RE	Contact identification not sufficient and high rate of non-responders.	ALC emphasized more attention on contact tracing	RE MOOH PHI-LC LPEP/DPA
	Contact data is not complete/ inaccurate	ALC emphasized that MOOH should supervise SPHIs/Range PHIs	RE / MOOH PHI-LC LPEP/DPA
	Delay in contact tracing & starting LPEP	ALC stressed the need of completing contact tracing form sending it within 2 months for all prospective cases. If contacts cannot be traced or do not give consent for the study they can be dropped out mentioning either untraceable or refusal to participate for the study.	RE MOH SPHI PHI-LC LPEP/DPA
	Untraceable contacts was not indicated in statistics	Collect untraceable contact details during contact tracing and present them.	MOOH PHI-LC LPEP/DPA

7. Discussion	Patient Files used only at the first visit and not updated in subsequent visits	ALC highlighted that Patient Files were prepared with expert contribution for affluent record keeping hence the importance of updating it.	Consultant Dermatologist, MO Dermatology ICNO
	Satellite clinic at DH Mathugama – A MO doing the clinic and no reported cases for last two years.	Dermatologist will train the MO	Consultant Dermatologist, DMO/Mathugama
	Establish a satellite clinic at DH Beruwala	Consultant dermatologist, DGH Kaluthara agreed to conduct a satellite clinic in DH Beruwala	RDHS/ Kalutara RE Consultant Dermatologist, DGH Kaluthara DMO DH Beruwala, MOHBeruwala.
	No permanent RE appointed for Kalutara district	Getting the RE post filled	RDHS/ Kalutara
	Influence of social stigma for patients affected with Leprosy	Emphasized on more awareness and educational programs in the district.	ALC RDHS RE / MOOH PHI-LC HEO
	Keeping patient's confidentiality during PHI home visits.	Educate and train PHI's in ensuring privacy and confidentiality.	RE SPHI-D PHI-LC

The meeting was adjourned following the vote of thanks by Dr. Uditha Ranaweera/ Acting RE.